TYLER PLANNING TEAM

Region VII School-Based Mental Health Care Plan

Plan Introduction

The Andrews Center is the Community Mental Health Center for a five county service area located in northeast Texas. Counties served include Smith, Henderson, Van Zandt, Wood and Rains. The Andrews Center has provided a variety of school-based mental health services to schools in the service area. For over ten years, the Center has collaborated extensively with the Tyler Independent School District (TISD). These collaborative efforts include the "Summer Adventure Program," the "Back to School" program and the "Classworks" program.

The "Summer Adventure Program" is a six-week campus-based program in collaboration with the Andrews Center, TISD, TISD Head Start and the Camp Tyler Foundation. This program is an Extended Year Service to students in Special Education because of Emotional Disturbance and to students with severe behavioral problems and impaired school functioning. This program is in its eleventh year of operation. The "Back to School" Program was funded by a Governor's Office Juvenile Justice Grant. The Andrews Center provided a Licensed Professional Counselor to identified TISD students to prevent court referrals for truancy. Individual and group services were offered at selected campuses and students and their families also received home-based services. The "Classworks" program has been operating for seven years, originally in the TISD Alternative Education Program, and now on three TISD elementary campuses. Andrews Center counselors are assigned to a particular campus and work with identified students individually and in group settings. They may also work with parents and other family members. Significant elements of Andrews Center's home and community-based services include monitoring and training visits to participating student's campuses. Andrews Center service coordinators and rehabilitation providers are welcomed on school campuses throughout the five county service area.

This welcome is extended to the Andrews Center's Services to At-Risk Youth (S.T.A.R.) program. Funded by the Department of Protective and Regulatory services, this program provides short term group services to many TISD campuses. These groups focus on social and coping skills and healthy decision making.

All of the above programs have been initiated, developed and implemented through the guidance and advisory oversight of the Smith County Children's Services Committee and/or the TISD Head Start Policy Council. These groups rely on information from state-funded child and family serving agencies, community agencies and parents/family members.

Currently, several state-funded, community-based and faith-based programs operate on many TISD campuses. In addition to Andrews Center programs, the Smith County Mental Health Association offers school-based services for mentoring. Sister Communities Council on Alcohol/Drug Abuse (SCCADA) provides school-based programs focused on alcohol/substance abuse issues. Community churches such as First Presbyterian Church offer after school programs for youth.

Family members are always welcome to attend and participate in Andrews Centers programs. Parent/family involvement is an important element of the STAR program. Service providers are encouraged to engage families in the counseling process. Groups such as the Head Start Policy Council and the Children's Services Committee actively recruit parent/family members to provide planning, advisory and oversight to these programs.

As evidenced by the above description, the Andrews Center, TISD and interagency/family teams have a long, successful history of collaboration. Key decision-making members of these agencies have good working relationships and ready access for exchanges of information and problem solving activities. The Children's Services Committee is well represented and attended and is eager to participate in expansion of current school-based services and development and implementation of future services.

There are many gaps in services to be addressed. Too few families have access to services, primarily because of inability to pay. The majority of children who receive services are identified because of disruptive behavior, leaving out many children who don't "act out" in class. Barriers of stigma, funding, purpose and regulatory mandates exist between schools and community mental health centers, making coordination of services difficult. School staff is not adequately trained in mental health issues. There is no continuum of care addressing mental health promotion, early intervention and

treatment. There are limited avenues of feedback from families for evaluation of existing services.

Current school-based programs in Region VII make every effort to utilize evidenced-based practices. A modified "wrap-around" approach is used in an attempt to help families rely on community and natural supports. Each child in school-based services has a therapeutic case-manager. Services are designed to use a strengths –based approach with a focus on the child and family's assets. An expansion of services would include evidenced-based practices such as skills training for children with disruptive behavior disorders and behavior management training for their parents. Also, research shows that Cognitive Behavioral Therapy is most effective for children with depression and anxiety disorders.

Some early identification prevention services are already in place in TISD. The Mental Health Association, SSCADA and the local STAR programs provide these services. An expansion of services would allow implementation in TISD Head Start classrooms.

Near-Term Changes: Goals and Strategies for Local Implementation

The near-term goal for Region VII is to expand existing school-based mental health services from three campuses to four or more. There have been several barriers evident when expansion of services has been attempted in the past. Most notable of these barriers is funding. School-based services have been targeted to campuses with a high percentage of children receiving Medicaid. This is a good plan because these campuses educate many children living at or below the Federal Poverty Limit. Also, Medicaid will pay for rehabilitative services. Medicaid and matching General Revenue provide the only funding for these programs. The school district provides space, furniture and other site related items, but no funds. This means that students identified to be in need of services need to be eligible for or have Medicaid. They must also be registered at the Andrews Center to qualify for rehabilitative services. Many parents have difficulty complying with the burdensome paperwork and authorization procedures required to qualify for state funded services. Some parents feel there is a stigma attached to receiving mental health services.

Another significant barrier to expanding school-based services is space. District campuses must use portable buildings to house their classroom services. The space requirements for school-based services prohibit many principals from pursuing this addition to their campuses.

Efforts have been made to expand the funding base for services. In the past, services of a licensed professional counselor were funded through a Juvenile Justice grant. Texas Education Agency Non-Educational funds have also been used. Currently, the Tyler United Way offers the use of a non-profit resource library that may be used to identify grants and other funding sources. Also, a State Grant's Office training is scheduled in Tyler for the summer. The Children's Services Committee is exploring the possibility of submitting grants to the Meadows Foundation, the Hogg Foundation and SAMHSA for new funding opportunities.

Due to the above-described barriers and the lack of school-based mental health services in Region VII, there are no strategies to ensure access to school-based mental health care. Barriers that need to be addressed at the state level include adequate funding, flexible funding, interagency policy making which supports the provision of mental health services at schools and reduction and simplification of registration paperwork and authorization procedures. At the local level, the planning committees most involved in school-based mental health services are the Children's Services Committee and the Head Start Policy Council. Any efforts to educate families on school-based mental health services and involve families in planning activities would begin with these organizations.

Stakeholders groups involved in expanding current school-based mental health services would be the TISD campus selected for expansion and the Andrews Center's Children's Mental Health Services operating unit. If a campus is selected or volunteers for expansion of services, funding issues must be addressed. If the expansion is to be funded by traditional methods (Medicaid rehab and state General Revenue), students must be identified who are receiving or are eligible for Medicaid and would qualify for state funded priority mental health services. This process might take two to three weeks to complete. During this time, the campus would also need to identify a suitable place to provide services. When these activities are completed, selection and training of a service provider may take place. This process can usually be completed in about two months. At

that time, services could begin. The time line could be shortened by using funds other than those generated by Medicaid rehab and matching General Revenue.

The most significant near-term change would be that fifteen to twenty youth could get the mental health services they need at the place and time that they exhibit behavioral problems that negatively impact their academic performance. Expected outcomes for students receiving expanded school-based mental health services should include:

- Improved social and emotional functioning with peers, teachers and family.
- Improved mental wellness.
- Improved academic performance.

Expected outcomes for families should include:

- Improved family satisfaction with school and mental health services.
- Improved family relations.

Expected outcomes for the local service delivery system should include:

- Improved coordination and compatibility between education and mental health services.
- More efficient use of limited resources.
- Reduction in referrals to alternative education programs.

Expected outcomes for communities should include:

- Fewer youth in the juvenile justice system.
- Decreased need for more intensive care.
- Decreased school suspensions and expulsions.

Long-Term Improvements

This plan will address two long-term improvement goals. The first goal is to adapt and expand the current method of providing school-based services in elementary schools to TISD Head Start campuses. Head Start students are currently included in the Summer Adventure Program. This six-week social and coping skills training program is held on a TISD campus. It incorporates the use of TISD facilities, Head Start teachers, aides and a therapist and Andrews Center behavioral specialists and administration. During the regular school year, the model of service delivery would be different. Identified students

could receive services in a separate classroom or a counselor could move from campus to campus, working with individuals or very small groups.

The same barriers identified in the near-term changes section apply to this plan. Additionally, there are other barriers to providing these services to TISD Head Start. While the percentage of children with or eligible for Medicaid is high, the total number of students qualifying for state-funded priority services is spread over twenty-two classrooms on fourteen campuses. Transportation becomes an issue as students must be transported to one location or the counselor must move from campus to campus.

Responsible stakeholder groups would be those identified in the near-term changes section and including TISD Head Start. The Andrews Center and TISD would be responsible for implementing this plan. The projected timeline is also similar to implementing the near-term changes plan. When the logistics of funding, space and transportation are resolved, services could begin in as few as sixty days. Specific long-term improvements would be the addition of twenty to forty qualified students receiving mental health services. Expected outcomes for students would include:

- Improved readiness for learning.
- Improved classroom behavior.
- Improved social and coping skills.

Expected outcomes for families would include:

- Increased family access to community-based services.
- Increased participation in the Head Start program.
- Improved family relations.

Expected outcomes for local service delivery systems include:

- Improved personnel competence, job satisfaction and retention.
- More efficient use of limited resources.
- Improved coordination between education and mental health services.

Expected outcomes for communities include:

- Increased citizen contribution to the community's welfare.
- Decreased need for more intensive care.

The second long-term improvement goal is to expand the current model of school-based mental health services into the Juvenile Justice Detention Education Services program. The Smith County Juvenile Probation Department must provide educational services for youth while they are incarcerated at the Juvenile Attention Center. Some research has estimated the prevalence of mental health disorders is over 50% of incarcerated youth. Therefore, having a behavioral counselor available for group and individual services during class time is a good approach. A school-based counselor could also be involved in delinquency prevention services. In addition to barriers previously documented, there are other funding barriers to consider. Medicaid will not pay for rehabilitative services for youth in detention. Also, youth may not be in detention for a very long time, making lengthy registration procedures difficult. However, if these problems can be resolved, this approach would be a very effective way to provide services.

In this scenario, the Andrews Center and the Smith County Juvenile Probation Department would be the responsible stakeholders for implementation. Timelines for implementation would be dependent on resolving the funding issues. The specific long-term improvement would be that any youth incarcerated in the Smith County Juvenile Attention Center and qualifying for priority mental health services, could receive those services while maintaining the continuity of educational services while incarcerated.

Outcomes for youth include:

- Improved mental wellness.
- Improved classroom performance.
- Improved social and coping skills.

Outcomes for families include:

- Improved family relations.
- Decreased contact with the juvenile justice system.

Outcomes for systems include:

- More efficient use of limited resources
- Decreased costs.
- Improved working relationship between mental health and juvenile justice system.

Outcomes for communities include:

- Fewer youth remaining in the juvenile justice system.
- Decreased need for more intensive care.
- Decrease in youth & community violence.

Appendix A:

Planning Stakeholders

1. Dr. Wayne Berryman, Education Service Center Region VII
2. Dana Fleming, Education Service Center Region VII
3. Janice Younger, Parent Representative
4. Daniel Hosch, Program Director, Children's Mental Health, Andrews Center
5. Joan McLemore Director, Mental Health Association of Tyler
6. Cynthia Griffin, Director of Special Education, TISD
7. Nelson Downing, Chief Probation Officer, Smith County Juvenile Probation
8. Walter R. Womack, Director, Children's Mental Health, Andrews Center

Appendix B

Description of the Local Planning Process.

This plan was created through the efforts of those members of the planning team listed in Appendix A. No other groups, agencies or individuals were actively involved in the planning process. Decisions were reached by consensus. There were no recommendations made for near-term changes or long-term improvements not included in the plan.

Appendix C

Identified Outcomes

All identified outcomes were included in the plan.